PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number. Docket Number (Optional) PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) 0879-0276P **FY 2005** (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/662,630-Conf. #4062 Filed September 15, 2000 VIDEO IMAGE PRODUCING METHOD AND APPARATUS For 2612 Examiner K. L. Jerabek Art Unit This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): Small Entity Fee <u>Fee</u> One month (37 CFR 1.17(a)(1)) \$120 \$60 120.00 \$450 \$225 Two months (37 CFR 1.17(a)(2)) \$1020 Three months (37 CFR 1.17(a)(3)) \$510 Four months (37 CFR 1.17(a)(4)) \$795 \$1590 Five months (37 CFR 1.17(a)(5)) \$1080 \$2160 Applicant claims small entity status. See 37 CFR 1.27. A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet. I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). attorney or agent of record. Registration Number age**nt og**der 37 CFR 1.34. umber if acting under 37 CFR 1.34 40,439 May 9, 2005 Signature Date D. Richard Anderson (703) 205-8000 Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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120.00 OP

forms are submitted.

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 09/662,630-Conf. #4062 ursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number September 15, 2000 TRANSMITTAL Filing Date First Named Inventor Takao MIYAZAKI For FY 2005 **Examiner Name** K. L. Jerabek 2612 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 0879-0276P TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Other (please identify): x Check Credit Card Money Order None Birch, Stewart, Kolasch & Birch, LLP Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17

FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND EXA	MINATION FE	ES					
	FILIN	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Small Entity		Fee (\$) Fee (\$)		Small Entity Fee (\$) Fee (\$)		Fees Paid (\$)	
	Fee (\$)	<u>Fee (\$)</u> 150	500	<u>Fee (\$)</u> 250	200	100	rees	raiu (\$)
Utility	300							
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)							50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependent claim	s						360	180
Total Claims Extra Claims Fee (\$)			Fee Paid (\$)		Multiple Dependent Claims			
20 - 20 = x =		1,				ee Paid (\$)	
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)						_		
3 -3=	x _	=						
3. APPLICATION SIZE FI	EE							
If the specification and o	irawings excee	d 100 sheets	of paper (ex	cluding electr	onically file	d sequence or	computer	
listings under 37 CFF					or small ent	ity) for each ac	lditional 5	0
sheets or fraction the	reof. See 35 U	.S.C. 41(a)(1)	(G) and 37	CFR 1.16(s).				
Total Sheets	Extra Sheets	Number	of each addi	tional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
100 = _		/50	(ro	ound up to a who	le number) x		·	
4. OTHER FEE(S)							Fees Paid (\$)	
Non-English Specifica	•	•	•	,				
Other (e.g., late filing surce parge) 126 Extension for response within first month							120.00	

SUBMITTED BY Registration No. (Attorney/Agent) (703) 205-8000 40,439 Telephone Signature Name (Print/Type May 9, 2005 D. Richard Anderson Date